MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1		1					51						
	1		1				52						
			1				53						
			1				54						
			1				55						
	3		1				56						
			1				57						
			1				58						
1		1					59						
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			1				90						
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			1				92						
			1				93						
							94						
1		1					95						
1							96						
1							97						
1							98						
	4						99						
	4						100						
TOTAL IND.		4					TOTAL IND.						
TOTAL DEP.		41					TOTAL DEP.						
TOTAL CLAIMS		45					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS